

7. Fee Calculation (37 CFR 1.16)

CLAIMS AS FILED						
	Number Filed		Number Extra		Rate	Basic Fee
Total Claims (37 CFR 1.16(c))	2	- 20 =	1	X	\$18.00	\$ - 0 -
Independent Claims (37 CFR 1.16(b))	2	- 3 =	0	X	\$84.00	\$ -0-
Multiple Dependent Claim(s), if any (37 CFR 1.16(d))			0	X	\$280.00	\$ -0-

Filing Fee Calculation

\$ 740.00

8. Fee Payment Being Made at This Time

— Enclosed.

— basic filing fee

\$ 740.00**TOTAL FEES ENCLOSED****\$ 740.00**

9. Method of Payment of Fees

— Enclosed is a check in the amount of: \$

✓ Charge Deposit Account No. 12-2135 in the amount of: \$ 740.00


✓ A duplicate of this request is attached.

10. Authorization to Charge Additional Fees or Credit Overpayment

✓ The Commissioner is hereby authorized to charge any additional fees which may be due in connection with this submission or any over payment of same, to Deposit Account No. 12-2135.

Applicant's undersigned attorney may be reached by telephone at (860) 571-5001 or by facsimile at (860) 571-5028. All correspondence should continue to be directed to the address given below.

Respectfully submitted,



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